

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7		2				
8	1					
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TOTAL IND.	2					
TOTAL DEP.	10					
TOTAL CLAIMS	12					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
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TOTAL CLAIMS						